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CONFIRMATION NO. 6821

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| <b>SERIAL NUMBER</b><br>10/690,889   | <b>FILING OR 371(c) DATE</b><br>10/22/2003<br><b>RULE</b>  | <b>CLASS</b><br>623           | <b>GROUP ART UNIT</b><br>3733   | <b>ATTORNEY DOCKET NO.</b><br>BAF-15902/29 |
| <b>APPLICANTS</b><br>Bret A. Ferree, Cincinnati, OH;<br>** CONTINUING DATA ***** OK. AR 3/4/07<br>This appln claims benefit of 60/420,169 10/22/2002<br>** FOREIGN APPLICATIONS ***** None. AR 3/4/07<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 01/23/2004                                   |  |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Amos L. Lamara AR</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>9                   |
| <b>INDEPENDENT CLAIMS</b><br>1   |  |                               |   |  |
| <b>ADDRESS</b><br>25006  |  |                               |   |  |
| <b>TITLE</b><br>Biaxial artificial disc replacement  |  |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>450  | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |